FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSIONECEIVED
Washington, D.C. 20549

FORM D

MB Number: 3235-0076
EXPIPES: May 31, 2002
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OMB APPROVAL

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D.

PURSUANT TO REGULATION DESCRIPTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMP

354

SEC USE ONLY

× Serial

DATE RECEIVED

Name of Offering (☐ check	if this is an amendment and name has changed, and i	indicate change.)	-0011			
Offering of Limited Liability Con	npany Interests	41-7	10997			
Filing Under (Check box(es) th	at apply): 🗆 Rule 504 🗆 Rule 505 🛛 Rule 506	6 🗆 Section 4(6) 🗆 ULC	DE			
Type of Filing: New Filin	ng 🗆 Amendment					
	A. BASIC IDENTIFICATION DATA					
1. Enter the information reques	ted about the issuer					
Name of Issuer (☐ check if	this is an amendment and name has changed, and indi	icate change.)				
Trident Technologies, LLC						
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Includ	ing Area Code)			
204 North Hamilton Street, Suite 4, R	ichmond, VA	804-354-0697				
Address of Principal Business (if different from Executive Of	Operations (Number and Street, City, State, Zip Code) fices)	Telephone Number (Including Area Code)				
Brief Description of Business						
Development of an ultra-long acti	ing narcotic blocker to be used in treating opiate addiction.		888888			
			PROCESS			
	•					
Type of Business Organization			FEB 2 2 2002			
☐ corporation	☐ limited partnership, already formed	☑ other (please specify):	THOMSON			
☐ business trust	☐ limited partnership, to be formed	Limited Liability Company	FINANCIAL			
	Month Year					
Actual or Estimated Date of I	ncorporation or Organization: 0 1 9 9	■ Actual □ Estimated				
Jurisdiction of Incorporation or	r Organization: (Enter two-letter U.S. Postal Service al	bbreviation for State:				
	CN for Canada; FN for other foreign	jurisdiction)	V A			

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays SEC 1972 (7-00) 1 of 8 a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA		
2. Enter the information requested for the following:		
• Each promoter of the issuer, if the issuer has been organized within the past five ye		
 Each beneficial owner having the power to vote or dispose, or direct the vote or dispose, securities of the issuer; 		
 Each executive officer and director of corporate issuers and of corporate general and ma 	anaging partner	s of partnership issuers; and
 Each general and managing partner of partnership issuers. 		
Check Box(es) that Apply: ☐ Promoter ⊠ Beneficial Owner ⊠ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)		
Vellines, John B.		
Business or Residence Address (Number and Street, City, State, Zip Code)		
204 North Hamilton Street, Suite 4, Richmond, VA 23221		
Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)		
Coleman. Peter R.		
Business or Residence Address (Number and Street, City, State, Zip Code)		
204 North Hamilton Street, Suite 4, Richmond, VA 23221		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)		
Barr, William H.		
Business or Residence Address (Number and Street, City, State, Zip Code)		
204 North Hamilton Street, Suite 4, Richmond, VA 23221		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Barr, Deborah P.		
Business or Residence Address (Number and Street, City, State, Zip Code)		
204 North Hamilton Street, Suite 4, Richmond, VA 23221	····	
Check Box(es) that Apply:	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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(Number and Street, City, State, Zip Code)

Business or Residence Address

				B. IN	VFORMA	TION A	BOUT O	FFERIN	G				
1. Has t	he issuer s	old, or doe	es the issue	er intend t	o sell, to n	on-accred	ited invest	ors in this	offering?			Yes	No ⊠
	**		Ans	wer also i	n Appendi	x, Column	2, if filin	g under U	LOE.				
2. What	is the min	imum inve	estment tha	it will be a	eccepted fr	om any in	dividual? .				\$ _	40.000.0	00
2 5												Yes	
			oint owner	•	_								\boxtimes
sion o to be list th	or similar re listed is an le name of	muneratio associate the broker	ested for ea on for solici ed person o r or dealer. orth the inf	itation of p or agent of . If more th	ourchasers i 'a broker o han five (5	n connecti r dealer re) persons	on with sal gistered w to be listed	les of secur with the SE d are assoc	rities in the C and/or v	offering. I with a state	f a person or states.		
Full Name	(Last nam	e first, if i	individual)							-			
Business o	r Residenc	e Address	(Number a	and Street	, City, Sta	te, Zip Co	de)		· · · · · · · · · · · · · · · · · · ·				
Name of A	ssociated	Broker or	Dealer				· -						
States in W	hich Perso	on Listed	Has Solicit	ted or Inte	nds to Sol	icit Purcha	asers						
(Check "	'All States'	or check	individual	States)			<i></i>		,			□ All S	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last nam	e first, if i	individual)	ľ									
Business o	r Residenc	e Address	(Number a	and Street	, City, Sta	te, Zip Co	de)	<u></u>					
Name of A	ssociated l	Broker or	Dealer										
States in V	Vhich Perso	on Listed	Has Solicit	ted or Inte	nds to Sol	icit Purch	asers						
(Check '	'All States'	or check	individual	States)								□ All S	State
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID	}
[IL]	[IN]	[IA]	[KS]	[KY]	[LA].	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO	-
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA	-
[RI] Full Name	[SC] (Last nam	[SD] e first, if i	[TN] individual)	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR	<u> </u>
Business o	r Residenc	e Address	(Number :	and Street	, City, Sta	te, Zip Co	de)						
Name of A	ssociated	Broker or	Dealer										
States in V	Vhich Perso	on Listed	Has Solicit	ted or Inte	ends to Sol	icit Purcha	asers				-		
			individual									□ All S	State
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]		[DE]			[64]	[HI]	[ID	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[CT] [ME]	[MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[MS]	[MO	-
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR	-

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box □ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	A		
	Type of Security	Aggres Offering		Amount Already Sold
	Debt	\$		\$
	Equity	\$		\$
	☐ Common ☐ Preferred			
	Convertible Securities (including warrants)	\$		\$
	Partnership Interests	\$		\$
	Other (Specify Limited Liability Company Interests)	\$120	00.00	\$120,000.00
	Total	s <u>120</u>	00.000,	\$120,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Num Invest		Aggregate Dollar Amount of Purchases
	Accredited Investors.		3	\$120,000.00
	Non-accredited Investors		·····	\$
	Total (for filings under Rule 504 only)		3	\$ 120,000.00
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	Type	of	Dollar Amount
	Type of offering	Secur		Sold
	Rule 505			\$
	Regulation A			\$
	Rule 504			\$
	Total			\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			\$
	Printing and Engraving Costs			\$
	Legal Fees		×	\$3,000.00
	Accounting Fees		\boxtimes	\$0.00
	Engineering Fees			\$
	Sales Commissions (specify finders' fees separately)			\$
	Other Expenses (identify)			\$
	Total		×	\$3,000.00

_	C. OFFERING PRICE, N	UMBER OF	INVEST	ORS, EX	PENSES A	ND USE C	F PROC	EEDS		
	b. Enter the difference between the aggreg tion 1 and total expenses furnished in responsable gross proceeds to the issuer."	onse to Part C	- Questi	on 4.a. T	his differe	nce is the			\$	117.000.00
5.	Indicate below the amount of the adjusted used for each of the purposes shown. If the estimate and check the box to the left of the the adjusted gross proceeds to the issuer se	ne amount for estimate. The	any pur total of	pose is n the payme	ot known, f ents listed n	furnish an nust equal				
							Paymen Office Director Affilia	ers. rs, &	P	ayments To Others
	Salaries and fees									
	Purchase of real estate					· · · □ \$			□ \$ _	
	Purchase, rental or leasing and installati	ion of machin	ery and e	quipment	·	🗆 \$			□ \$ _	
	Construction or leasing of plant building	gs and facilitie	s		,	🗆 \$			□ \$ _	
	Acquisition of other businesses (includi offering that may be used in exchange issuer pursuant to a merger)	for the assets	or secur	ities of an	other	m s			Пѕ	
	Repayment of indebtedness								_	
	Working capital									
	Other (specify):									
						,			□)	
						— 			П «	
	Column Totals									
	Total Payments Listed (column totals ad								117.000	
	rotal rayments bisted (column totals ad			.,		• • •	(2)	·		
_		D. FE	DERAL	SIGNAT	URE					
fc	he issuer has duly caused this notice to be signal blowing signature constitutes an undertaking uest of its staff, the information furnished by	by the issuer	to furnis	h to the U	.S. Securiti	es and Exe	change Co	ommiss	sion, upo	n written re-
Īs	ssuer (Print or Type)	Sign	ature ,	0 -		· .		Date		
T	rident Technologies, LLC			LB.	Yel	L		1-29	-UZ	
<u></u>	ame of Signer (Print or Type)	Title	e of Sign	er (Print o	or Type)			.1		· · · · · · · · · · · · · · · · · · ·
IN		Mana	V							

— ATTENTION —

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)